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Bib Data Sheet

CONFIRMATION NO. 3458

<b>SERIAL NUMBER</b> 09/939,385	<b>FILING DATE</b> 08/24/2001 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1623	<b>ATTORNEY DOCKET NO.</b>
<b>APPLICANTS</b> Scott Levine, Orlando, FL;				
** CONTINUING DATA *****				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 09/27/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <input checked="" type="checkbox"/> Examiner's Signature  Initials		<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 23  <b>INDEPENDENT CLAIMS</b> 5
<b>ADDRESS</b> Scott Levine MD 7350 Sandlake Commons Blvd., Ste 2215 Orlando ,FL 32819				
<b>TITLE</b> Ultra-high fiber supplement and method of weight reduction				
<b>FILING FEE RECEIVED</b> 462	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	